

**MEDICATION ADMINISTRATION RECORD** **BOSWELL PHARMACY SERVICES**  
814-629-1397 • Fax: 814-629-7644

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
IBUPROFEN 800MG TABLET SUB FOR: MIRIN 800MG TABLET BAKER, MARK TAKE 1 TABLET BY MOUTH FOUR TIMES DAILY WITH FOOD X 90 DAYS (TAKE WITH CARBECATE)	0700	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	1100																																
	1500																																
	1900																																
SUCRALFATE 1GM TABLET SUB FOR: CARBECATE 1GM TABLET BAKER, MARK TAKE 1 TABLET BY MOUTH FOUR TIMES DAILY X 90 DAYS (TAKE WITH MEAT AND HYDROXYZINE PAM 50MG CAP SUB FOR: VISTARIL 50MG CAPSUL LINDEMUTH, P TAKE ONE CAPSULE BY MOUTH AT BEDTIME AS NEEDED X 90 DAYS	0700	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	1100																																
	1500																																
	1900																																
ALPRAZOLAM 1MG TABLET SUB FOR: XANAX 1MG TABLET TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED X 90 DAYS	P																																
	R																																
	N																																
MOTRIN 600 PO QID X30D	P																																
	R																																
	N																																
CAMPRES 1gm PO QID X30D	P																																
	R																																
	N																																

DIAGNOSIS

ALLERGIES  
NO KNOWN ALLERGIES

DATE OF BIRTH OR SOC SEC NO.  
01/23/1970

NAME AND NUMBER  
FACILITY  
CHARTING FOR  
THROUGH



**MEDICATION ADMINISTRATION RECORD**  
**BOSWELL PHARMACY SERVICES**  
 814-629-1397 • Fax: 814-629-7644

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
IBUPROFEN 600MG TABLET UB FOR: MOTRIN 800MG TABLET BAKER, MARK TAKE 1 TABLET BY MOUTH FOUR TIMES DAILY WITH FOOD X 90 DAYS (TAKE WITH CARAFATE)	0700																																	
	1100																																	
	1500																																	
	1900																																	
	0700																																	
HYDROXYZINE PAM 50MG CAP UB FOR: VISTARIL 50MG CAPSUL LINDEMUTH, P TAKE ONE CAPSULE BY MOUTH AT BEDTIME AS NEEDED X 90 DAYS	0700																																	
	1100																																	
	1500																																	
	1900																																	
	P																																	
ALPRAZOLAM 1MG TABLET UB FOR: XANAX 1MG TABLET TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED X 90 DAYS	0700																																	
	1100																																	
	1500																																	
	1900																																	
	P																																	
Kaopectate 300a po QID prn X 14 days	0700																																	
	1100																																	
	1500																																	
	1900																																	
	P																																	

DIAGNOSIS

CHARTING FOR

ALLERGIES  
 NO KNOWN ALLERGIES

DATE OF BIRTH 09-09-50 NO. 01/23/1970

ME AND NUMBER  
 TVDMM-EN-0507



**MEDICATION ADMINISTRATION RECORD**  
**BOSWELL PHARMACY SERVICES**  
 814-629-1397 • Fax: 814-629-7644

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
IBUPROFEN 600MG TABLET TAKER, MARK (MED DIR) DO TAKE ONE TABLET BY MOUTH THREE TIMES DAILY WITH FOOD FOR 14 DAYS		0700																																
HYDROXYZINE PAM 50MG CAP SUB FOR: VISTARIL 50MG CAPSULE LINDEMUTH, P TAKE 1 CAPSULE BY MOUTH AT BEDTIME AS NEEDED X 50 DAYS																																		
ALPRAZOLAM 1MG TABLET SUB FOR: XANAX 1MG TABLET TAKE 1 TABLET BY MOUTH THREE TIMES DAILY AS NEEDED X 50 DAYS																																		
Micronazole cream 2m apply thinly bed to groin area																																		
Carafate 1gm PO QID																																		
MOTRIM 800mg PO QID 20min before meals																																		
Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
DATE OF BIRTH OR SOC SEC. NO. 01/23/1970		ALLERGIES NO KNOWN ALLERGIES		FACILITY		CHARTING FOR		THROUGH		DIAGNOSIS																								



# MEDICATION ADMINISTRATION RECORD

[illegible]



# MEDICATION ADMINISTRATION RECORD

PATIENT INFORMATION		MEDICATIONS		HOUR		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30	
Xanax 1mg TID		Fid PRN		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30			
Xanax 1mg TID		Fid PRN		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30			
Xanax 1mg TID		Fid PRN		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30			
Xanax 1mg TID		Fid PRN		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30			
Xanax 1mg TID		Fid PRN		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30			
Xanax 1mg TID		Fid PRN		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30			
Xanax 1mg TID		Fid PRN		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30			
Xanax 1mg TID		Fid PRN		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30			
Xanax 1mg TID		Fid PRN		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30			
Xanax 1mg TID		Fid PRN		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30			
Xanax 1mg TID		Fid PRN		1		2		3		4		5		6		7		8		9		10		11																																									







## EDUCATION ADMINISTRATION RECORD

01/2002

(ALBI-283) ALBION CORRECTIONAL

XT01

INDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
RAZOLAM (XANAX) 1MG TAB 1 TAB ONE TABLET(S) THREE TIMES A DAY BY MOUTH AS NEEDED FOR 90 DAYS 2877753 LINDEMUTH, PSYCH, ANGELA, PY RT - 08/12/2002 STOP - 11/10/2002																															
PROXYZINE-PAM (VISTARIL) 30MG CAP 1 CAPSULE(S) BY MOUTH AT BEDTIME AS NEEDED FOR 90 DAYS 2877760 LINDEMUTH, PSYCH, ANGELA, PY RT - 08/12/2002 STOP - 11/10/2002																															
Trazodone CR apply Bid 9/25 x 30 days																															

**NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE**

STARTING FOR	10/01/2002
Physician	LINDENUTH, PSYCH, ANGELA

Telephone No. \_\_\_\_\_

Medical Record No.

Physician

NO KNOWN DRUG ALLERGY

### Rehabilitative Potential

## Diagnosis

dicaid Number

Medicare Number

Complete Entries Checked:



01/2002

101

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

HARTING FOR 09/01/2002

THROUGH

09/30/2002

Medical Record No.

Physician LINDEMUTH, PSYCH, ANGELA

Telephone No.

Alt. Telephone

Physician.

### Rehabilitative Potential

NO KNOWN DRUG ALLERGY

## Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked

Title:

Date \_\_\_\_\_